

Report Title: Foster Home Activity by Worker
Report: PM02a02
Topic: Home Provider : PM02a
Report Content: Lists Foster Home Activity information by Worker.
Dependencies: None
Frequency: Monthly
Runtime Parameters: Specific County/All Counties; Month and Year
<p>Selection Criteria: List all Foster Homes for the County/Counties specified in the report parameters.</p> <p>The report applies the County of the Worker with Primary Assignment to a Provider record to determine the Provider records to be included in the report: e.g...Provider records where a Dane County worker is identified as Primary Worker, will appear as Dane County statistics.</p> <p>The following criteria are used to identify the records to be recorded for a County:</p> <ul style="list-style-type: none"> • Use PROVIDER_ORG table, where P.ID_PRVD_ORG = ASSIGNMENT.ID_GRP_LVL1 and ASSIGNMENT.CD_ASGN_CTGRY = 2 and ASSIGNMENT.CD_ASGN_ROLE = 1, to identify the worker with Primary Assignment. • Match ASSIGNMENT.ID_PRSN to WORKER.ID_PRSN. Use the worker's CD_OFC_DIV to define County. • Draw the Provider statistics for the report, where WORKER.CD_OFC_DIV matches the report run County parameter.
Sort Criteria: By Provider Name within Worker; Worker within County; and by County.
Level Breaks: Page break on County. Page break on Supervisor. Section break on Worker.
Output Data: See layout. Provides Worker; County; and Statewide totals.
Audience: Out-of-Home Care Workers, Foster Home Supervisors and Management.
Business Intent: To aid in the tracking of caseloads.
Proposed Layout: A sample of the existing report is attached. Headings should follow the standard format of all WiSACWIS reports. After the Report Name a For: MM/YY line should indicate the month and year being reported and a County label with County Name should be printed before the column headings.
Note: The report will be run with monthly dates: for instance if the report is run for January it will only pull in those Home Inquiries for the month of January. Any home inquiries with the same date of the month the report is being run for need to be pulled into this report.

Date: MM/DD/YYYY
Time: HH:MM pm

Wisconsin Dept. of Health and Family Services
Division of Children and Family Services

Report ID: xxxxxx
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County: AAAAA

Foster Activity By Worker
For Month/Year: MMM/YYYY

Supervisor Name: Supervisor Name
Worker Name: Worker Name

Provider ID	Provider Name	Provider Type	Home Inquiry Approval Date	Assignment to Worker Date	Assessment Decision Date	Number Days from Home Inquiry App. to Assignment	Number Days from Assignment to Approval	Total Days to Approval
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX

Total Number of Providers: XxX

Worker Name: Worker Name

Provider ID	Provider Name	Provider Type	Home Inquiry Approval Date	Assignment to Worker Date	Assessment Decision Date	Number Days from Home Inquiry App. to Assignment	Number Days from Assignment to Approval	Total Days to Approval
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX

Total Number of Providers: XxX

Total Number of Providers in County: XXXX

Date: MM/DD/YYYY
Time: HH:MM pm

Wisconsin Dept. of Health and Family Services
Division of Children and Family Services

Report ID: xxxxxx
Page: 9,999

County: BBBB

Foster Activity By Worker
For Month/Year: MMM/YYYY

Supervisor Name: Supervisor Name
Worker Name: Worker Name

Provider ID	Provider Name	Provider Type	Home Inquiry Approval Date	Assignment to Worker Date	Assessment Decision Date	Number Days from Home Inquiry App. to Assignment	Number Days from Assignment to Approval	Total Days to Approval
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX

Total Number of Providers: XxX

Worker Name: Worker Name

Provider ID	Provider Name	Provider Type	Home Inquiry Approval Date	Assignment to Worker Date	Assessment Decision Date	Number Days from Home Inquiry App. to Assignment	Number Days from Assignment to Approval	Total Days to Approval
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX
XxxxxX	XxxxxxxxxxxxxxxxxxxxxxxxxxxxxX	XxxxxxxxX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	XxxxX	XxxxX	XxxxX

Total Number of Providers: XxX

Total Number of Providers in County: XXXX

Total Number of Providers Statewide: XXXX

Report Input Detail:

Label/Field	Table	Column Name	Comments (How data was derived, algorithm, calculation, etc. Provide support information if data source is outside WiSACWIS.)
Header : Date	N/A	N/A	Display MM/DD/YYYY for the date the report was run.
Header : Time	N/A	N/A	Display HH:MM for the time the report was run.
Header : For Month/Year	N/A	N/A	Display MM/YYYY for the Month/Year of information required for the report.
Header : Report ID	N/A	N/A	Display the Report ID: PM02a02
Header : Page	N/A	N/A	Display the Page Number.
Header : County	Code_Desc	TX-DESC_LRG	Use TX_DESC_LRG in the Region ID_GRP on the Codedesc reference table to get the actual text value that should be displayed.
Supervisor Name	PERSON (PR)	NM_FRST NM_MDL_INTL NM_LST	From PERSON table - PR; WORKER table -W. Select W.ID_PRSN_SPVR where the W.ID_PRSN = the ID for the worker with Primary Assignment. Use the ID_PRSN_SPVR to select the NM_FRST; NM_MDL_INTL; and NM_LST from the PERSON table.
Worker Name	PERSON (PR)	NM_FIRST NM_MDL_INTL NM_LAST	From PERSON table - PR; WORKER table - W; ASSIGNMENT table -A; PROVIDER_ORG - P. Select PR.ID_PRSN where PR.ID_PRSN = A.ID_PRSN and A.ID_GRP_LVL1 = P.ID_PRVD_ORG, and A.CD_ASGN_CTGRY = 2, and A.FL_OPEN = 'Y', and A.DT_END = null and A.CD_ASGN_ROLE = 1. Use the P.ID_PRSN to select NM_FRST; NM_MDL_INTL; and NM_LST.

Label/Field	Table	Column Name	Comments (How data was derived, algorithm, calculation, etc. Provide support information if data source is outside WiSACWIS.)
Provider ID	PROVIDER_ORG (P)	ID_PRVD_ORG	Select P.ID_PRVD_ORG From PROVIDER_ORG P, PROVIDER_SERVICE PS Where P.ID_PRVD_ORG = PS.ID_PRVD_ORG and PS.CD_SRVC = code for Foster Home Service Types.
Provider Name	PROVIDER_ORG (P)	NM_PRVD_FRST TX_PRVD_NM	Select P.NM_PRVD_FRST, P.TX_PRVD_NM From PROVIDER_ORG P, PROVIDER_SERVICE PS Where P.ID_PRVD_ORG = PS.ID_PRVD_ORG and PS.CD_SRVC = code for Foster Home Service Types.
Provider Type	PROVIDER_ORG (P)	CD_TYPE	
Home Inquiry Approval Date	HOME_INQUIRY (H)	DT_ACPT_DCSN	From HOME_INQUIRY table - H; PROVIDER_ORG table - P. Where H.ID_PRVD_ORG = P.ID_PRVD_ORG, use DT_ACPT_DCSN
Assignment to Worker Date	ASSIGNMENT (A)	DT_STRT	From ASSIGNMENT table - A; PROVIDER_ORG table - P. Select MIN(A.DT_STRT) Where A.ID_GRP_LVL1 = P.ID_PRVD_ORG AND A.CD_ASGN_CTGRY = 2 AND A.CD_ASGN_ROLE = 1

Label/Field	Table	Column Name	Comments (How data was derived, algorithm, calculation, etc. Provide support information if data source is outside WiSACWIS.)
Assessment Decision Date	APPROVAL (AP)	TS_CR	<p>From APPROVAL table - AP; PROVIDER_ORG table - P.</p> <p>Where AP.ID_CASE_PRVD = P.ID_PRVD_ORG. Select AP.TS_CR Where AP.ID_APRVL = AP.CD_WRK_TYPE = "3" AND AP.CD_STAT = "A" AND AP.CD_ACTN = "A"</p> <p>Note: After 72 hours the approval gets moved from the Approval Table to the Approval History Table. That is why both tables need to be checked for the appropriate data.</p>
Number Days from Home Inq.App. to Assignment	N/A	N/A	Subtract the Home Inquiry Approval Date from the Assignment to Worker Date. This number of days is the Number Days from Home Inq. App. To Assignment.
Number Days from Assignment to Approval	N/A	N/A	Subtract the Assignment To Worker Date from the Assessment Decision Date. This number is the Number Days from Assignment to Approval.
Total Days to Approval	N/A	N/A	Add the Number Days from Home Inq. App. To Assignment to the Number Days from Assignment to Approval. This number is the Total Days to Approval.
Total Number of Providers	N/A	N/A	Add the total number of Providers listed for each worker.
Total Number of Providers by County	N/A	N/A	Add the total number of Providers for each worker in the County.
Total Number of Providers Statewide (if applicable)	N/A	N/A	Add the total number of Providers for each County in the Report.

